

**Wisconsin Works Policy-Related Questions & Answers
From Barrier Screening Tool Trainings**

- 1. How should workers complete the Follow-up Summary screen for areas where the individual self-referred him/herself and is in an activity related to it but never had a formal assessment? Example: person is attending counseling related to depression prior to completing the Barrier Screening Tool (BST), which indicates that a referral for a mental health assessment is needed.**

The goal of a formal assessment is for the Wisconsin Works (W-2) agency to have accurate information about a participant's barriers in order to make appropriate decisions about placement, needed services and accommodations. If the BST indicates that an assessment should be completed and the participant is already seeing a health professional for that condition, then that professional should be consulted with to obtain a formal assessment.

- 2. Because the BST record is so confidential, can the results of one be shared at a Fact Finding? If so, how?**

If the results of the BST are relevant to the fact finding, the agency may print off a copy of the results and share them with the fact finder.

- 3. If a participant discloses Domestic Abuse, s/he is not required to be screened for it. How is this documented? Is an assessment then required based on the self-disclosure?**

If a participant self-discloses domestic abuse, mark that screen as Declined to Respond and add a comment that indicates the disclosure. The goal is to help the participant obtain services. The individual should be offered information about shelter and other programs for battered individuals, sexual assault provider services, medical services, sexual assault nurse examiners services, domestic abuse and sexual assault hotlines, legal and medical counseling and advocacy, mental health care, counseling and support groups.

The Financial Employment Planner (FEP) must talk to the participant about these services and offer a resource list in writing that the participant may take with them. If a participant wishes to receive a referral to counseling or to a supportive service provider, the FEP or other W-2 agency employee must also make a referral to the appropriate local agency.

- 4. What is the specific policy about what parts of the BST follow a participant who transfers to another office, region, or county?**

The most recent screening record must be transferred to the new office (this is done via the automated Barrier Screening Application). The new office must review the BST results along with the CARES assessment screens and any related case comments in order to make appropriate decisions about the participant's employability plan (i.e., placement, assignment of activities, needed services and accommodations).

5. Will a formal assessment need to be completed for each individual barrier, e.g. AODA and mental health?

If one provider can assess for all of the indicated barriers, then only one formal assessment is needed. If not, then a separate formal assessment is required for each barrier.

6. Can agencies create their own form to use instead of the medical capacity form?

Yes. The form that the agency creates must include at a minimum all of the elements of the standard medical capacity form.

7. Can the BST be administered to the 2nd parent in a 2-parent household?

If the 2nd parent is participating in activities, the agency may offer the BST to that parent but it is not mandatory to do so. If the parents switch and the 2nd parent becomes the parent in the W-2 placement, then it is mandatory to offer the BST to that parent within 30 days of the placement begin date

8. If a participant agrees to complete the BST but then does not follow through, how should the agency document that?

The worker should attempt to have the participant write down their wish to decline the BST and sign their name. If the participant refuses to put this in writing, the worker should make appropriate entries in the automated tool to indicate that the participant declined and then document in the comments section of the Follow-up Summary Screen what has transpired.

9. If the participant requests to redo the BST, can the FEP refuse?

The participant must be offered the opportunity to complete the BST a second time if s/he feels his/her circumstances have changed.

10. How long do FEPs have to determine that the participant is refusing to participate in a formal assessment before making a change in activities and possibly placement? How do they determine that the participant is refusing to participate if the individual doesn't declare that is what s/he is doing?

The worker must use the best available information to make decisions about placement and assignment of activities. Follow-up contact with the assessing agency that the participant was referred to may be necessary to determine if the participant is cooperating with obtaining an assessment.

11. If a participant is referred for formal assessment and the results state that there is no medical barrier but the individual's family physician continues to claim that there is a barrier using the medical capacity form, which documentation should the FEP follow?

This needs to be decided on a case by case basis. If the medical capacity form completed by the physician conflicts with the results of another formal assessment, the FEP must make a good faith effort to contact the physician to try and resolve any discrepancies. If the

discrepancies between the medical capacity form and the other formal assessment cannot be resolved, the medical capacity form takes precedence and must be followed.

12. If the participant requests a copy of the BST results, should the agency provide him or her with a copy?

Yes, the participant has the right to request and receive a copy of his or her BST results.

13. If an individual is in a Custodial Parent of an Infant placement and is a volunteer for W-2 work programs and is enrolled, can this person have the BST administered to them?

Yes. Anyone enrolled in work programs in CARES may have the BST administered to them. Even though this placement is not mandated by policy, FEPs always have the discretion to offer the BST.

14. If a participant fails to show for scheduled appointments to discuss the BST Agreement, it is not possible to get the participant to decline in writing. Is it sufficient to document the scheduled appointments and that the participant failed to show?

At a minimum, the participant must be offered three opportunities to complete the BST. Workers must determine on a case-by-case basis if additional opportunities to complete the BST should be provided. When the participant has good cause for failing to show for an appointment, a follow-up appointment should always be scheduled.

If there is a pattern of the participant failing to follow through with the BST appointments, the worker should attempt to have the participant write down their wish to decline the BST and sign their name. If it is not possible to get the participant to decline in writing, the worker should make appropriate entries in the automated tool to indicate that the participant declined. Comments should be entered on the Follow-up Summary Screen to document the scheduled appointment dates and that the participant failed to show.

15. When a participant brings in a doctor's note stating that s/he cannot participate and the participant refuses to cooperate with obtaining a full formal assessment, is the agency required to comply with the doctor's note?

The participant's self-report of a barrier or a physician's statement as to the inability to participate must be considered as part of the process of assessing for barriers. However, this information is not sufficient by itself to confirm the existence of a barrier. The agency must use this information in conjunction with a formal assessment and other substantiating information (e.g., behavioral cues, low Test of Adult Basic Education (TABE) score, pattern of non-participation without good cause) to make a factual determination of a barrier. The worker should attempt to have the full medical capacity form completed by the participant's physician to meet the formal assessment requirement. If the participant refuses to cooperate with having the physician complete the medical capacity form, and there are unresolved factual issues as to a participant's barrier, the W-2 agency must proceed to work with the participant as though the participant does not have that barrier.

Keep in mind that policy says:

The FEP must offer assistance to the participant when requesting the necessary elements (of a formal assessment) from the agency or individual who performs the formal assessment. The Medical Examination & Capacity Form, DES form 2012, may be used to obtain formal assessment information (see 5.2.1.1 of W-2 Manual).

If the assessing agency fails or refuses to provide all of the necessary elements, the FEP must consult with a W-2 agency manager to determine if the participant should be referred to another qualified assessing agency to obtain the outstanding assessment information. If it is determined that no other options exist for gathering the assessment information, the FEP must document in case comments all actions taken to obtain the needed information. The participant cannot be sanctioned or denied eligibility when the assessing agency fails or refuses to provide the needed assessment information.

- 16. What is the policy concerning the inability to complete the BST due to the participant's health? This individual was very ill when we opened W-2 and almost immediately went into the hospital with a life-threatening illness. Her doctor is estimating that it will be four to six weeks before she is released from the hospital.**

If the participant is incapacitated to a point where s/he is unable to complete the BST, the requirement to complete the BST within 30 days is waived until the participant is again able to participate. The worker must document in case comments the reason for postponing the BST.

- 17. We had a question about an individual that the worker/supervisor said was certain she would agree to do the BST, but will NOT sign the agreement form (she doesn't like to sign forms). If this is the case, and the worker cannot persuade her to do that, should they administer the BST?**

If the participant is willing to complete the BST but refuses to sign the BST Agreement form, the worker should administer the BST. The worker should also document on the agreement form and in case comments that the participant verbally agreed to complete the BST but refused to sign the agreement.